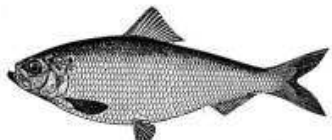


Marine Harvesting 2010

Commercial Harvesting Application

Instructions: This form may be used to apply for or renew licenses. Please provide all information requested. Delays may result from incomplete applications.



Part A: Applicant Information

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Physical Address: _____
(IF DIFFERENT THAN MAILING)
 Telephone: _____ Birthdate _____
 Weight: _____ Height: _____ Sex: _____ Social Security# _____
 Hair Color: _____ Eye Color: _____
 E-mail Address: _____
 Maine Drivers License # _____
 If you are under 18, you **must** list parent's driver license #: _____
 If **NO** license, explain why. _____

Part B: Fishery Information

License Jan. 1, 2010 to Dec. 31, 2010

Check all licenses requested, new or renewal, and requested zone where applicable. **License fees are non-refundable.**

Commercial Fishing

Single \$48 Crew \$128 Nonresident \$481

Commercial Shrimp^M

Single \$38 Crew \$103 Nonresident \$385

Eel (not for Elvers)^M

\$125

Green Crab^M

Resident \$38 Nonresident \$76

Mussel

Dragger \$265 Hand \$133

Quahog (Mahogany)

\$128

Scallop^{ABM}

Dragger \$243 Diver \$243
 With Tender \$261 Noncommercial \$58

Seaweed^M

	Resident	Nonresident
Primary	<input type="checkbox"/> \$58	<input type="checkbox"/> \$230
Supplemental	<input type="checkbox"/> \$29	<input type="checkbox"/> \$58

If supplemental seaweed, please list name of primary license holder.

Sea Urchin^{AB}

Harvesters must select a season. Early Late

	Zone 1	Zone 2
Diver	<input type="checkbox"/> \$185	<input type="checkbox"/> \$312
Diver with Tender	<input type="checkbox"/> \$210	<input type="checkbox"/> \$321
Dragger	<input type="checkbox"/> \$185	<input type="checkbox"/> \$312
Raking/Trapping	<input type="checkbox"/> \$185	<input type="checkbox"/> \$312
Tender	<input type="checkbox"/> \$168	

Surf Clam Boat

\$265

Notes:

A – Commercial scallop & sea urchin harvesters must have held this license in the previous year. Divers and tenders may be required to submit proof of current CPR and First Aid. All tenders must have completed the safety course.

B – Includes research surcharge.

M – Mandatory reporting. First time applicants must contact DMR Landings Program at (207) 633-9500 for reporting requirements.

Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Will a boat be used with this license? Yes No

Boat Reg # _____

Boat Name _____

Boat Length _____

Town of Primary Anchorage _____

Federal Permit # _____

Commercial Fishing Applicants Only:

Whelk Permit Yes No

Halibut Permit ^{HTM} Yes No

Bait Gillnet Permit^M Yes No

Herring Permit^M Yes No

Whiting Permit^{MI} Yes No

Dogfish Permit^M Yes No

Periwinkle Yes No

Dragged Crab Yes No

H – Halibut fishermen must purchase tags. See tag form or call 624-6550. Initial halibut permits must be requested prior to March 1st
T – Mandatory training session for first time applicants. Contact DMR at (207) 633-9500 for more information.

M – Mandatory reporting. First time applicants must contact DMR Landings Program at (207) 633-9500 for reporting requirements.

I – Whiting permit may be obtained only by Federal permit holders. Fishing nets must be inspected before obtaining permit. Call Marine Patrol at (207) 633-9595 or 667-3373 for an appointment.

Part D: Certification / Signature

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed on the back of this form and meet those requirements.

Today's Date ____/____/____
Month Day Year

Applicant _____
(signature of applicant)

Parent or Guardian _____

(Applicants under 18 must have a parent or legal guardian who also meets the residency requirements sign this form)

Under Title 12, Section 6306, signature of applicant authorizes inspection by Law Enforcement Officers. Application on its face indicates compliance with statutory criteria.

Instructions:

Complete the information in **Part A** on the front of this form. Check the license requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. Read the **residency requirements** included on this document and **certify your application with your signature in Part D**. Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone**. If you have questions call (207) 624-6550.

Check us out online at MAINE.GOV/DMR

Mail to:
Licensing Division
Department of Marine Resources
21 State House Station
Augusta, ME 04333

Residency Requirements: Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:

- A. If registered to vote, is registered in Maine;
- B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
- C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
- D. If required to file a Maine income tax return on the previous April 15th, filed a Maine income tax return.

Credit Card Payment: I authorize the State of Maine, Department of Marine Resources, Licensing

Division, to charge my VISA Mastercard Discover Card No. _____

In the Amount of \$ _____, expiration date _____

Signed by cardholder _____ date _____